

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100301 (6)

1. Corporation Name

THE FAMILY MEDIATION INSTITUTE, INC.

FILED
Apr 25 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address
C/O CARMEN M. MORALES, P.A. C/O CARMEN M. MORALES, P.A.
28 W. FLAGLER ST. 12TH FL. COURTHOUSE PLZ. 28 W. FLAGLER ST. 12TH FL. COURTHOUSE PLZ.
MIAMI FL 33130-1806 MIAMI FL 33130

2. Principal Place of Business 2a. Mailing Address
21 44 WEST FLAGLER ST. 26 44 WEST FLAGLER ST.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 SUITE 1500 27 SUITE 1500
City & State City & State
23 MIAMI, FLORIDA 28 MIAMI, FLORIDA
Zip Zip
24 33130-6805 25 USA 29 33130-6805 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
12/11/1996

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MORALES, CARMEN M ESQ.
28 WEST FLAGLER STREET
12TH FLOOR, COURTHOUSE PLAZA
MIAMI FL 33130-1806

10. Name and Address of New Registered Agent

81 Name MORALES, CARMEN M ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
44 WEST FLAGLER STREET
83 SUITE 1500
84 City MIAMI FL 85 Zip Code 33130-6805

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	MORALES, CARMEN M	28 WEST FLAGLER ST.	MIAMI FL 33130	<input type="checkbox"/>
VPD	MOONEY, BEVERLY R	28 WEST FLAGLER ST.	MIAMI FL 33130	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	MORALES, CARMEN M.	44 WEST FLAGLER ST., SUITE 1500	MIAMI, FL 33130-6805	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	MOONEY, BEVERLY R.	44 WEST FLAGLER ST., SUITE 1500	MIAMI, FL 33130-6805	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

4/16/97

305 379-1221

CR2E034 (9/96)